

Accommodated Test Request (ATR) Form

FALL 2009

Disability Resource Center (DRC)

Accommodated Testing Service (ATS)
 University of Florida • 001 Reid Hall (Building 0020)
 P.O. Box 114085 • Gainesville, FL 32611
352-392-8565 ext. 202 (voice)
 352-392-8570 (fax) • email: testing@dso.ufl.edu

DRC Staff Receiving Form

Date Received

DRC Office Use Only:

Last day to submit ATR form for FALL 2009 "Finals" Accommodated Testing: 5:00PM, Wed, Dec 9, 2009

STUDENT SECTION

Remember: All Sections Must Be Completed

- Please review and complete this section. For assistance contact the DRC Testing Coordinator (392-8565 x202).
- Have Instructor complete 'Instructor' section.
- Submit completed ATR form to DRC not less than four (4) business days prior to exam date.
- Confirm (on-line, via phone, or email) exam location, date, time, and accommodations not less than three (3) business days prior to each exam date.
- Requests to modify a scheduled exam (date or time) must be submitted to DRC not less than three (3) business days prior to exam date. All requests to modify schedule must be approved by the Instructor and DRC.

Today's Date _____ Student's Name **PLEASE PRINT** _____ Student's Phone Number _____
 _____ @ufl.edu
 Student's UFID# _____ Student's Signature _____ Student's UF Email Address _____

COURSE INSTRUCTOR SECTION

Please Provide All Requested Information

- Please review and complete this section. For assistance contact the DRC Testing Coordinator (392-8565 x202).
- Provide exam materials to DRC no later than 3:00 PM the business day before scheduled exam date.
- Please note, exams not received by deadline may result in cancellation of the accommodated exam.
- Exam materials may be sent via email (testing@dso.ufl.edu), faxed, or hand delivered to DRC.
- Exams will be available for pick-up upon completion, or will be delivered the next business day after exam date.
- Provide complete delivery information. A signature will be required upon return of all exams.

Check box if exam is to be picked up from DRC. Otherwise, please indicate Primary and Backup locations for exam return.

Today's Date _____ Instructor's Name **PLEASE PRINT** _____ Instructor's Phone Number _____

 Course Number _____ Instructor's Signature _____ Instructor's UF Email Address _____

Instructor's Office (Primary Location for Exam Return)

Main Department Office (Backup Location for Exam Return)

Room Number Building Department Room Number Building Department

CLASS EXAM SCHEDULE & INFORMATION

Instructor Must Approve Test Aids

Class Exam Date	Class Exam Start Time	Class Exam Length	Permitted Class Exam Test Aids (Please Check)	Additional Comments
			<input type="checkbox"/> Open Notes <input type="checkbox"/> Calculator <input type="checkbox"/> Open Book <input type="checkbox"/> Other: <input type="checkbox"/> Formula Sheet	
			<input type="checkbox"/> Open Notes <input type="checkbox"/> Calculator <input type="checkbox"/> Open Book <input type="checkbox"/> Other: <input type="checkbox"/> Formula Sheet	
			<input type="checkbox"/> Open Notes <input type="checkbox"/> Calculator <input type="checkbox"/> Open Book <input type="checkbox"/> Other: <input type="checkbox"/> Formula Sheet	
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			<input type="checkbox"/> Open Notes <input type="checkbox"/> Calculator <input type="checkbox"/> Open Book <input type="checkbox"/> Other: <input type="checkbox"/> Formula Sheet	

CLASS FINAL EXAM

			<input type="checkbox"/> Open Notes <input type="checkbox"/> Calculator <input type="checkbox"/> Open Book <input type="checkbox"/> Other: <input type="checkbox"/> Formula Sheet	
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